

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Rule making related to provider rates and fee schedules

The Human Services Department hereby amends Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” and Chapter 83, “Medicaid Waiver Services,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 249A.4 and 2021 Iowa Acts, House File 891, section 32.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4 and 2021 Iowa Acts, House File 891.

Purpose and Summary

As part of the 2021 Legislative Session, 2021 Iowa Acts, House File 891, appropriates funds to increase specific provider reimbursement rates. The amendments to Chapters 78, 79 and 83 do the following:

- Increase the reimbursement rates and upper rate limits for providers of Home- and Community-Based Services (HCBS) Waiver and HCBS Habilitation services beginning July 1, 2021, by 3.55 percent over the rates in effect on June 30, 2021.

- Increase the monthly caps on the total monthly cost of HCBS Waiver and Habilitation services.
- Increase the monthly cap on HCBS Supported Employment and the annual cap on Intellectual Disability Waiver Respite services.

- Increase annual or lifetime limitations for home and vehicle modifications and specialized medical equipment.

- Increase air ambulance rates to \$550 beginning July 1, 2021.

In addition, the amendments to Chapter 79:

- Add the inflation factor limitation.
- Implement the fee schedule rate in effect July 1, 2021, for air ambulance providers. 2021 Iowa Acts, House File 891, appropriates funds to increase air ambulance rates to \$550 per one-way trip.

- Implement the home health agency low utilization payment adjustment (LUPA) rate increase. This rate is applied when there are three or fewer visits provided in a 30-day period.

- Increase psychiatric medical institutions for children (PMIC) provider-specific fee schedule rate percentages over the rates in effect June 30, 2021. House File 891 appropriates \$3.9 million to increase non-State-owned PMIC provider rates over the rates in effect June 30, 2021.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on September 8, 2021, as **ARC 5903C**. This rule making was also adopted and filed emergency and published in the Iowa Administrative Bulletin as **ARC 5896C** on the same date. No public comments were received. No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Council on Human Services on December 9, 2021.

Fiscal Impact

The targeted HCBS and Habilitation increases were calculated assuming both the regular federal medical assistance percentages (FMAP) and COVID-increased FMAP. The Legislature opted for the COVID-increased FMAP scenario for both sets of services. These are the only adjustments for which the Legislature agreed to base the increase on the COVID-increased FMAP. All other adjustments are based on the regular FMAP. The FMAP is estimated at 65.14 percent in SFY22 and 62.01 percent in SFY23. As part of the 2021 Legislative Session, 2021 Iowa Acts, House File 891, appropriates funds to increase specific provider reimbursement rates.

Jobs Impact

These amendments may have a positive influence on private-sector jobs and employment opportunities in Iowa.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on March 1, 2022, at which time the Adopted and Filed Emergency rule making is hereby rescinded.

The following rule-making actions are adopted:

ITEM 1. Amend subparagraph **78.27(10)“f”(2)** as follows:

(2) In absence of a monthly cap on the cost of waiver services, the total monthly cost of all supported employment services may not exceed ~~\$3,059.29~~ \$3,167.89 per month.

ITEM 2. Amend paragraph **78.34(9)“g”** as follows:

g. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment of up to ~~\$6,366.64~~ \$6,592.66 per year may be made to certified providers upon satisfactory completion of the service.

ITEM 3. Amend paragraph **78.41(2)“i”** as follows:

i. Payment for respite services shall not exceed ~~\$7,334.62~~ \$7,595 per the member's waiver year.

ITEM 4. Amend paragraph **78.43(5)“g”** as follows:

g. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment of up to ~~\$6,366.64~~ \$6,592.66 per year may be made to certified providers upon satisfactory completion of the service.

ITEM 5. Amend paragraph **78.43(8)“c”** as follows:

c. Payment of up to ~~\$6,366.64~~ \$6,592.66 per year may be made to enrolled specialized medical equipment providers upon satisfactory receipt of the service. ~~Each month within the 12-month period,~~

~~the service worker shall encumber an amount within the monthly dollar cap allowed for the member until the amount of the equipment cost is reached.~~

ITEM 6. Amend paragraph **78.46(2)“g”** as follows:

g. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment of up to ~~\$6,366.64~~ \$6,592.66 per year may be made to certified providers upon satisfactory completion of the service.

ITEM 7. Amend paragraph **78.46(4)“c”** as follows:

c. Payment of up to ~~\$6,366.64~~ \$6,592.66 per year may be made to enrolled specialized medical equipment providers upon satisfactory receipt of the service.

ITEM 8. Adopt the following **new** paragraph **79.1(1)“i”**:

i. *Inflation factor*: When the department’s reimbursement methodology for any provider includes an inflation factor, this inflation factor shall not exceed the amount by which the consumer price index for all urban consumers increased during the calendar year ending December 31, 2002.

ITEM 9. Amend subrule **79.1(2)**, provider categories of “Ambulance,” “HCBS waiver service providers,” “Home- and community-based habilitation services,” “Home health agencies” and “Psychiatric medical institutions for children,” as follows:

Ambulance	Fee schedule	Ground ambulance: Fee schedule in effect 6/30/14 plus 10%. Air ambulance: Fee schedule in effect 6/30/14 <u>plus 10% 7/1/21</u> .
HCBS waiver service providers, including:		Except as noted, limits apply to all waivers that cover the named provider.
1. Adult day care	For AIDS/HIV, brain injury, elderly, and health and disability waivers: Fee schedule	Effective 7/1/16 <u>7/1/21</u> , for AIDS/HIV, brain injury, elderly, and health and disability waivers: Provider’s rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute, half-day, full-day, or extended-day rate. If no 6/30/16 <u>6/30/21</u> rate: Veterans Administration contract rate or \$1.47 <u>\$1.52</u> per 15-minute unit, \$23.47 <u>\$24.30</u> per half day, \$46.72 <u>\$48.38</u> per full day, or \$70.06 <u>\$72.55</u> per extended day if no Veterans Administration contract.
	For intellectual disability waiver: Fee schedule for the member’s acuity tier, determined pursuant to 79.1(30)	Effective 7/1/17 <u>7/1/21</u> , for intellectual disability waiver: The provider’s rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute or half-day rate. If no 6/30/16 <u>6/30/21</u> rate, \$1.96 <u>\$2.03</u> per 15-minute unit or \$31.27 <u>\$32.38</u> per half day.

		For daily services, the fee schedule rate published on the department's website, pursuant to 79.1(1) "c," for the member's acuity tier, determined pursuant to 79.1(30).
2. Emergency response system:		
Personal response system	Fee schedule	Effective 7/1/13 7/1/21, provider's rate in effect 6/30/13 6/30/21 plus 3% 3.55%. If no 6/30/13 6/30/21 rate: Initial one-time fee: \$52.04 \$53.89. Ongoing monthly fee: \$40.47 \$41.91.
Portable locator system	Fee schedule	Effective 7/1/13 7/1/21, provider's rate in effect 6/30/13 6/30/21 plus 3% 3.55%. If no 6/30/13 6/30/21 rate: One equipment purchase: \$323.26 \$334.74. Initial one-time fee: \$52.04 \$53.89. Ongoing monthly fee: \$40.47 \$41.91.
3. Home health aides	Retrospective cost-related <u>Fee schedule</u>	For AIDS/HIV, elderly, and health and disability waivers effective 7/1/16 7/1/21: Lesser of maximum Medicare rate in effect 6/30/16 6/30/21 plus 1% 3.55% or maximum Medicaid rate in effect 6/30/16 6/30/21 plus 1% 3.55%. For intellectual disability waiver effective 7/1/16 7/1/21: Lesser of maximum Medicare rate in effect 6/30/16 6/30/21 plus 1% 3.55% or maximum Medicaid rate in effect 6/30/16 6/30/21 plus 1% 3.55%, converted to an hourly rate.
4. Homemakers	Fee schedule	Effective 7/1/13 7/1/21, provider's rate in effect 6/30/13 6/30/21 plus 3% 3.55%, converted to a 15-minute rate. If no 6/30/13 6/30/21 rate: \$5.20 \$5.38 per 15-minute unit.
5. Nursing care	Fee schedule	For AIDS/HIV, health and disability, elderly and intellectual disability waiver effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 1% 3.55%. If no 6/30/16 6/30/21 rate: \$87.99 \$91.11 per visit.
6. Respite care when provided by:		
Home health agency:		

Specialized respite	Cost-based rate for nursing services provided by a home health agency <u>Fee schedule</u>	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: Lesser of maximum Medicare rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate, not to exceed \$315.09 <u>\$326.28</u> per day.
Basic individual respite	Cost-based rate for home health aide services provided by a home health agency <u>Fee schedule</u>	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: Lesser of maximum Medicare rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate, not to exceed \$315.09 <u>\$326.28</u> per day.
Group respite	Fee schedule	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$3.49 <u>\$3.61</u> per 15-minute unit, not to exceed \$315.09 <u>\$326.28</u> per day.
Home care agency:		
Specialized respite	Fee schedule	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$8.96 <u>\$9.28</u> per 15-minute unit, not to exceed \$315.09 <u>\$326.28</u> per day.
Basic individual respite	Fee schedule	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$4.78 <u>\$4.95</u> per 15-minute unit, not to exceed \$315.09 <u>\$326.28</u> per day.
Group respite	Fee schedule	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$3.49 <u>\$3.61</u> per 15-minute unit, not to exceed \$315.09 <u>\$326.28</u> per day.

Nonfacility care:		
Specialized respite	Fee schedule	Effective 7/1/16 <u>7/1/21</u> , provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 <u>6/30/21</u> rate: \$8.96 <u>\$9.28</u> per 15-minute unit, not to exceed \$315.09 <u>\$326.28</u> per day.
Basic individual respite	Fee schedule	Effective 7/1/16 <u>7/1/21</u> , provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 <u>6/30/21</u> rate: \$4.78 <u>\$4.95</u> per 15-minute unit, not to exceed \$315.09 <u>\$326.28</u> per day.
Group respite	Fee schedule	Effective 7/1/16 <u>7/1/21</u> , provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 <u>6/30/21</u> rate: \$3.49 <u>\$3.61</u> per 15-minute unit, not to exceed \$315.09 <u>\$326.28</u> per day.
Facility care:		
Hospital or nursing facility providing skilled care	Fee schedule	Effective 7/1/16 <u>7/1/21</u> , provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 <u>6/30/21</u> rate: \$3.49 <u>\$3.61</u> per 15-minute unit, not to exceed the facility's daily Medicaid rate for skilled nursing level of care.
Nursing facility	Fee schedule	Effective 7/1/16 <u>7/1/21</u> , provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 <u>6/30/21</u> rate: \$3.49 <u>\$3.61</u> per 15-minute unit, not to exceed the facility's daily Medicaid rate.
Camps	Fee schedule	Effective 7/1/16 <u>7/1/21</u> , provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 <u>6/30/21</u> rate: \$3.49 <u>\$3.61</u> per 15-minute unit, not to exceed \$315.09 <u>\$326.28</u> per day.
Adult day care	Fee schedule	Effective 7/1/16 <u>7/1/21</u> , provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 <u>6/30/21</u> rate: \$3.49 <u>\$3.61</u> per 15-minute unit, not to exceed rate for regular adult day care services.

Intermediate care facility for persons with an intellectual disability	Fee schedule	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% 3.55%, converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$3.49 \$3.61 per 15-minute unit, not to exceed the facility's daily Medicaid rate.
Residential care facilities for persons with an intellectual disability	Fee schedule	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% 3.55%, converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$3.49 \$3.61 per 15-minute unit, not to exceed contractual daily rate.
Foster group care	Fee schedule	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% 3.55%, converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$3.49 \$3.61 per 15-minute unit, not to exceed daily rate for child welfare services.
Child care facilities	Fee schedule	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% 3.55%, converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$3.49 \$3.61 per 15-minute unit, not to exceed contractual daily rate.
7. Chore service	Fee schedule	Effective 7/1/13 7/1/21, provider's rate in effect 6/30/13 6/30/21 plus 3% 3.55%, converted to a 15-minute rate. If no 6/30/13 6/30/21 rate: \$4.05 \$4.19 per 15-minute unit.
8. Home-delivered meals	Fee schedule	Effective 7/1/13 7/1/21, provider's rate in effect 6/30/13 6/30/21 plus 3% 3.55%. If no 6/30/13 6/30/21 rate: \$8.10 \$8.39 per meal. Maximum of 14 meals per week.
9. Home and vehicle modification	Fee schedule. See 79.1(17)	For elderly waiver effective 7/1/13 7/1/21: \$1,061.11 \$1,098.78 lifetime maximum. For intellectual disability waiver effective 7/1/13 7/1/21: \$5,305.53 \$5,493.88 lifetime maximum. For brain injury, health and disability, and physical disability waivers effective 7/1/13 7/1/21: \$6,366.64 \$6,592.66 per year.

10. Mental health outreach providers	Fee schedule	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> . If no 6/30/16 6/30/21 rate: On-site Medicaid reimbursement rate for center or provider. Maximum of 1,440 units per year.
11. Transportation	Fee schedule	Effective 10/1/13: The provider's nonemergency medical transportation contract rate or, in the absence of a nonemergency medical transportation contract rate, the median nonemergency medical transportation contract rate paid per mile or per trip within the member's DHS region. Fee schedule in effect 7/1/21.
12. Nutritional counseling	Fee schedule	Effective 7/1/16 7/1/21 for non-county contract: Provider's rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$8.76 <u>\$9.07</u> per 15-minute unit.
13. Assistive devices	Fee schedule. See 79.1(17)	Effective 7/1/13 7/1/21: \$115.62 <u>\$119.72</u> per unit.
14. Senior companion	Fee schedule	Effective 7/1/16 7/1/21 for non-county contract: Provider's rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$1.89 <u>\$1.96</u> per 15-minute unit.
15. Consumer-directed attendant care provided by:		
Agency (other than an elderly waiver assisted living program)	Fee agreed upon by member and provider	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$5.35 <u>\$5.54</u> per 15-minute unit, not to exceed \$123.85 <u>\$128.25</u> per day.
Assisted living program (for elderly waiver only)	Fee agreed upon by member and provider	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$5.35 <u>\$5.54</u> per 15-minute unit, not to exceed \$123.85 <u>\$128.25</u> per day.

Individual	Fee agreed upon by member and provider	Effective 7/1/16 7/1/21, \$3.58 <u>\$3.71</u> per 15-minute unit, not to exceed \$83.36 <u>\$86.32</u> per day. When an individual who serves as a member's legal representative provides services to the member as allowed by 79.9(7) "b," the payment rate must be based on the skill level of the legal representative and may not exceed the median statewide reimbursement rate for the service unless the higher rate receives prior approval from the department.
16. Counseling:		
Individual	Fee schedule	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 <u>6/30/21</u> rate: \$11.45 <u>\$11.86</u> per 15-minute unit.
Group	Fee schedule	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 <u>6/30/21</u> rate: \$11.44 <u>\$11.85</u> per 15-minute unit. Rate is divided by six, or, if the number of persons who comprise the group exceeds six, the actual number of persons who comprise the group.
17. Case management	Fee schedule	For brain injury and elderly waivers: Fee schedule effective 7/1/21, provider's rate in effect 7/1/16 6/30/21 plus 3.55%.
18. Supported community living	For brain injury waiver: Retrospectively limited prospective rates. See 79.1(15)	For brain injury waiver effective 7/1/16 7/1/21: \$9.28 <u>\$9.61</u> per 15-minute unit, not to exceed the maximum daily ICF/ID rate per day plus 3.927% <u>7.477%</u> .
	For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30). Retrospectively limited prospective rate for SCL 15-minute unit. See 79.1(15)	For intellectual disability waiver effective 7/1/17 7/1/21: \$9.28 <u>\$9.61</u> per 15-minute unit. For daily service, the fee schedule rate published on the department's website, pursuant to 79.1(1) "c," for the member's acuity tier, determined pursuant to 79.1(30).
19. Supported employment:		
Individual placement and support	Fee schedule	Fee schedule in effect 7/1/21.

Individual supported employment	Fee schedule	Fee schedule in effect 7/1/16 <u>7/1/21</u> . Total monthly cost for all supported employment services not to exceed \$3,059.29 <u>\$3,167.89</u> per month.
Long-term job coaching	Fee schedule	Fee schedule in effect 7/1/16 <u>7/1/21</u> . Total monthly cost for all supported employment services not to exceed \$3,059.29 <u>\$3,167.89</u> per month.
Small-group supported employment (2 to 8 individuals)	Fee schedule	Fee schedule in effect 7/1/16 <u>7/1/21</u> . Maximum 160 units per week. Total monthly cost for all supported employment services not to exceed \$3,059.29 <u>\$3,167.89</u> per month.
20. Specialized medical equipment	Fee schedule. See 79.1(17)	Effective 7/1/13 <u>7/1/21</u> , \$6,366.64 <u>\$6,592.66</u> per year.
21. Behavioral programming	Fee schedule	Effective 7/1/16 <u>7/1/21</u> , provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> . If no 6/30/16 <u>6/30/21</u> rate: \$11.45 <u>\$11.86</u> per 15 minutes.
22. Family counseling and training	Fee schedule	Effective 7/1/16 <u>7/1/21</u> , provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 <u>6/30/21</u> rate: \$11.44 <u>\$11.85</u> per 15-minute unit.
23. Prevocational services, including career exploration	Fee schedule	Fee schedule in effect 7/1/16 <u>7/1/21</u> .
24. Interim medical monitoring and treatment:		
Home health agency (provided by home health aide)	Cost-based rate for home health aide services provided by a home health agency <u>Fee schedule</u>	Effective 7/1/16 <u>7/1/21</u> : Lesser of maximum Medicare rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate.
Home health agency (provided by nurse)	Cost-based rate for nursing services provided by a home health agency <u>Fee schedule</u>	Effective 7/1/16 <u>7/1/21</u> : Lesser of maximum Medicare rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate.
Child development home or center	Fee schedule	Effective 7/1/16 <u>7/1/21</u> , provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u> , converted to a 15-minute rate. If no 6/30/16 <u>6/30/21</u> rate: \$3.49 <u>\$3.61</u> per 15-minute unit.

Supported community living provider	Retrospectively limited prospective rate. See 79.1(15)	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% 3.55%, converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$9.28 \$9.61 per 15-minute unit, not to exceed the maximum ICF/ID rate per day plus 3.927% 7.477%.
25. Residential-based supported community living	Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)	Effective 7/1/17 7/1/21: The fee schedule rate published on the department's website, pursuant to 79.1(1) "c," for the member's acuity tier, determined pursuant to 79.1(30).
26. Day habilitation	Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)	Effective 7/1/17 7/1/21: Provider's rate in effect 6/30/16 6/30/21 plus 4% 3.55%, converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$3.51 \$3.63 per 15-minute unit. For daily service, the fee schedule rate published on the department's website, pursuant to 79.1(1) "c," for the member's acuity tier, determined pursuant to 79.1(30).
27. Environmental modifications and adaptive devices	Fee schedule. See 79.1(17)	Effective 7/1/13 7/1/21, \$6,366.64 \$6,592.66 per year.
28. Family and community support services	Retrospectively limited prospective rates. See 79.1(15)	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% 3.55%, converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$9.28 \$9.61 per 15-minute unit.
29. In-home family therapy	Fee schedule	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% 3.55%, converted to a 15-minute rate. If no 6/30/16 6/30/21 rate: \$24.85 \$25.73 per 15-minute unit.
30. Financial management services	Fee schedule	Effective 7/1/13 7/1/21, provider's rate in effect 6/30/13 6/30/21 plus 3% 3.55%. If no 6/30/13 6/30/21 rate: \$68.97 \$71.42 per enrolled member per month.
31. Independent support broker	Rate negotiated by member	Effective 7/1/16 7/1/21, provider's rate in effect 6/30/16 6/30/21 plus 4% 3.55%. If no 6/30/16 6/30/21 rate: \$16.07 \$16.64 per hour.
32. to 34. No change.		
35. Assisted living on-call service providers (elderly waiver only)	Fee agreed upon by member and provider	\$26.08 \$27.01 per day.
Home- and community-based habilitation services:		

1. Case management	Fee schedule. See 79.1(24) “d”	Effective 7/1/21: Fee schedule in effect 7/1/18 <u>6/30/21</u> plus 3.55%.
2. Home-based habilitation	See 79.1(24) “d”	Effective 7/1/13 : \$11.68 per 15-minute unit, not to exceed \$6,083 per month, or \$200 per day. Fee schedule in effect <u>7/1/21</u> .
3. Day habilitation	See 79.1(24) “d”	Effective 7/1/13 <u>7/1/21</u> : \$3.30 <u>\$3.42</u> per 15-minute unit or \$64.29 <u>\$66.57</u> per day.
4. Prevocational habilitation Career exploration	Fee schedule	Fee schedule in effect May 4, 2016 <u>7/1/21</u> .
5. Supported employment:		
Individual supported employment	Fee schedule	Fee schedule in effect May 4, 2016 <u>7/1/21</u> . Total monthly cost for all supported employment services not to exceed \$3,029.00 <u>\$3,136.53</u> per month.
Long-term job coaching	Fee schedule	Fee schedule in effect May 4, 2016 <u>7/1/21</u> . Total monthly cost for all supported employment services not to exceed \$3,029.00 <u>\$3,136.53</u> per month.
Small-group supported employment (2 to 8 individuals)	Fee schedule	Fee schedule in effect May 4, 2016 <u>7/1/21</u> . Maximum 160 units per week. Total monthly cost for all supported employment services not to exceed \$3,029.00 <u>\$3,136.53</u> per month.
Home health agencies		
1. Skilled nursing, physical therapy, occupational therapy, speech therapy, home health aide, and medical social services; home health care for maternity patients and children	Fee schedule. See 79.1(26). For members living in a nursing facility, see 441—paragraph 81.6(11) “r.”	Effective 7/1/18 : Medicare LUPA rates in effect on 6/30/18 plus a 3% increase. <u>7/1/21: The Medicaid LUPA fee schedule rate published on the department’s website.</u>
2. and 3. No change.		
Psychiatric medical institutions for children:		
1. Inpatient in non-state-owned facilities	Fee schedule	Effective 7/1/14 <u>7/1/21</u> : non-state-owned facilities provider-specific fee schedule in effect.
2. and 3. No change.		

ITEM 10. Amend paragraph **83.2(2)“b,”** table, as follows:

<u>Skilled level of care</u>	<u>Nursing level of care</u>	<u>ICF/ID</u>
\$2,792.65 <u>\$2,891.79</u>	\$959.50 <u>\$993.56</u>	\$3,742.93 <u>\$3,875.80</u>

ITEM 11. Amend paragraph **83.42(2)“b”** as follows:

b. The total monthly cost of the AIDS/HIV waiver services shall not exceed the established aggregate monthly cost for level of care. The monthly cost of AIDS/HIV waiver services cannot exceed the established limit of ~~\$1,876.80~~ \$1,943.43.

ITEM 12. Amend paragraph **83.102(2)“b”** as follows:

b. The total cost of physical disability waiver services, excluding the cost of home and vehicle modifications, shall not exceed ~~\$705.84~~ \$730.90 per month.

ITEM 13. Amend paragraph **83.122(6)“b”** as follows:

b. The total cost of children’s mental health waiver services needed to meet the member’s needs, excluding the cost of environmental modifications, adaptive devices and therapeutic resources, may not exceed ~~\$2,006.34~~ \$2,077.57 per month.

[Filed 12/6/21, effective 3/1/22]

[Published 12/29/21]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 12/29/21.